



Case No.

Date Filed

1.	Employer
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2. Representative to contact

4. Telephone Number

3. Address (street and No., city/town, state, and ZIP code)

5. Fax Number	
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6.	Employee Organization (if any):
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7. Representative to contact

9. Telephone Number	
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8.	Address (street and No., city/town, state, and ZIP code)
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10. Fax Number	
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11. This charge is filed against (check one)

Employer

Employee Organization

12. The above named employer or employee organization has engaged or is engaging in a prohibited practice within the meaning of Massachusetts General Law, Chapter 150A, Section(s) (enter all appropriate sections/subsections)

Failing to specify an appropriate section/subsection may result in the dismissal of the charge.

13. Summary of basis of Charge (be specific as to names, dates, addresses, etc.)

By these and other acts, the party complained of has interfered with, restrained, and/or coerced rights guaranteed by the Law.

14.	Have you filed a charge concerning the same allegations with the National Labor Relations Board?
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1

Yes

5

No

15. (a) Is there a collective bargaining agreement that may apply to the conduct that is alleged to have violated the Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If you checked "Yes" in question 15(a), please list all of the clauses alleged to apply and attach a copy of each.	
(c) Is there a grievance concerning this matter pending?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Without limiting your rights to later amend your remedial request, please explain what remedy you seek. Include the amount of any financial remedy to which you claim entitlement.	
17. Have you attempted to settle this case? If not, why not?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Note: The Commission may decline to issue a complaint unless reasonable settlement efforts have been made by the charging party. 456 CMR 15.04(1).</i>	

INFORMATION ON CHARGING PARTY

18. Name	19. Representative to contact	21. Telephone Number
20. Address (street and No., city/town, state, and ZIP code)		22. Fax Number
23. The Charging Party is an: <input type="checkbox"/> Individual <input type="checkbox"/> Employee Organization <input type="checkbox"/> Employer		

DECLARATION

I have read the above charge of prohibited practice and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.

Name (print)	Signature	Title (if any)
Address (street and no., city/town, state, and ZIP code)		Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Charge of Prohibited Practice on the following representative of the opposing party.

Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
Method of Service <input type="checkbox"/> In hand <input type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____		
Signature of Person making Certification		Telephone Number